

**Illinois Department of Public Health
COVID-19 Electronic Disease Surveillance System (EDSS)
Request for Proposals**

Responses to Prospective Respondent Questions

BEP Questions

1. Question - Is there a BEP goal for this RFP?

Answer – There is no BEP goal for this contract.

Submission Questions

1. Key Dates indicate the Vendor will be selected and engaged by October 20. Can you specify the criteria by which you will select the vendor, e.g. lowest price, capacity to implement, desire for highly customized system?
 - a. Is there a scoring system?

Answer – Respondents who do not meet the mandatory requirements will not be considered for evaluation. In determining how well vendors meet the desirable requirements, IDPH ranks proposals without consideration of price, from best to least qualified using a point ranking system as an aid in conducting the evaluation. Vendors who receive fewer than the minimum required points will not be considered for award.

2. Given the short time between Vendor selection and implementation start and in consideration of contracting time, has a preferred vendor already been identified?

Answer – No preferred vendor has been identified.

Pricing Questions

1. Is there a maximum spending budget for this project?

Answer – A maximum spending budget for this project has not been determined.

Technical Questions

1. How many estimated reports are in "Mandatory Requirement M7 Replicate existing extended reports sent to CDC"?

Answer - For Mandatory Requirement M7, Replicate existing extended reports sent to CDC for the following conditions: Anaplasma, Brucella, Cyclospora, H. Flu, Legionella, Listeria, Lyme, Malaria, Measles, Mumps, Pertussis, Q fever, Spotted fever rickettsioses, Tularemia, Typhoid and Paratyphi A, Varicella (XML file), Vibrio, Tuberculosis (XML file).

In addition to the above existing extended reports there are 100 plus diseases that are reportable to CDC in various formats (XML, HL7, Flat files and MMG (message mapping guides) etc. All these reports need to be replicated.

2. For M25 Replicate the existing I-NEDSS and transfer over all existing data, what is the size of the data that needs to be migrated? If possible, can we get a breakdown of total Database capacity (size), usage by Records and Attachments (files)?

Answer – The current I-NEDSS is comprised of two DB2 databases and currently processes 300K + transactions a day.

- The I-NEDSS Disease Surveillance transactional database used by the application (OLTP database) has about 67GB in size and 120 tables.

- The Disease Surveillance data warehouse (OLAP) used for reporting has about 45GB and 189 tables.
- There are 6 million active records and 1 million inactive records.
- There are 4 million plus records on the provider side and 2 million on the cases side.
- For historical (achieved) records, there are about 2 million records available on the warehouse side for reporting along with the 6 million active and 1 million inactive records.

3. For M29, will there be a source for User ID? Such as Activity Directory or other Identity/Authentication Database.

Answer - For M29. System must have the capability to support >3000 active users and >1000 concurrent users, The State authentication method is Active Directory or Okta for an authentication mechanism.

4. Is there an expected deadline the department wants to go-live with this replacement/solution?

Answer – The vendor must provide recommendations for both six and twelve-month minimum viable product deployments. IDPH expects the work towards this will start from the implementation initiation, which is estimated for November 2, 2020.

5. Is a demonstration of the system needed between October 8 – October 19?

Answer – Yes.